



Pediatric Hydrocephalus Foundation

Reagan Sloane Shanley Scholarship

Internship Grant Application

Funding is available to young investigators seeking to advance the practical understanding of Hydrocephalus and its possible cures/work-arounds. This is open to incoming or currently enrolled students in academic and/or research institutions in the United States. It is also available to research organizations/practices, and hospitals to cover internship grants directly focused on advancing the understanding of practical solutions for Hydrocephalus.

The purpose of this Grant is to encourage students and researchers in the applied sciences to explore/find practical solutions to help alleviate hydrocephalus, a debilitating condition with no known cure; only life-long work arounds. Predominant mechanical options are over 50 years old, (shunt in the brain), and have many points of potential failure. We believe that there are new, better devices/techniques that can be developed by this generation's technical minds. We hope to encourage students and practitioners to put their considerable talents toward answers that will make life possible, and better for millions of people.

Overhead or indirect costs *are not* supported by this Scholarship.

Research Internship – requests must be made by the research organization or hospital for a new internship fully dedicated to Hydrocephalus or related brain conditions. The Grant is available to practices/research organizations with a predominant emphasis on neuro-conditions. The maximum funding request per application is \$10,000 per year, (up to a 3-year commitment with re-approval each year).

The Pediatric Hydrocephalus Foundation applauds your efforts and dedication in the medical, scientific or engineering field. We work daily with various professionals in a collaborative effort toward advancing recognition and understanding of this incurable brain condition. We are grateful for your interest in our mission and your submission of this scholarship to help us offer hope to the patients in the Hydrocephalus community.

The format for submitting proposals is outlined below.

Letter of Intent

Submit a one page Letter of Intent summarizing the reason for the request.

For institutions/organizations seeking an *Internship Grant* this should include:

- Institution/organization's name
- Area of medical focus for the institution/organization
- Short essay outlining the work the internship will cover. What is the general hypothesis for the work? What will the person do/investigate during the internship? What is the benefit of the work?
- Internship candidates must be 18 years of age or older

Funding

Indirect and overhead costs *are not* supported by this program.

The funding period is for a maximum of 12 months (or the duration of an Internship not to exceed 12 months) and must be for a standard school year or internship window (no mid-term grants will be awarded). The maximum scholarship amount allotted will be \$10,000 with a commitment of up to 3 years, if applicable. Maximum internship amount will be \$10,000.

- Internship participant(s) will submit a written progress report to show their progress/accomplishments in their area of focus as part of the second year renewal criteria and a presentation of their progress/accomplishments via video conference for the third year renewal.
- Recipient agrees to participate in a presentation to share their accomplishments/results upon completion of the Internship Grant via video conference.
- Commitments will be canceled immediately if candidate ends their enrollment or changes degrees, or if the institution changes focus of intern work away from neuro-science.
- Internship Grant check is made payable only to the institution/organization.

Submitting Application

You can email, fax or mail your completed application.

- Email: grantprograms@hydrocephaluskids.org
- Fax: (847) 589-1250
- Mail: PHF Inc, Grant Programs, 76 Main Street, Suite 202, Woodbridge, NJ 07095



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Research Internship Grant Request Form

To be filled out by institutions seeking Grants to cover Research Interns in approved areas

Research Organization	
Organization Administrator	
Administrator Email	
Name of Research Project	
Requested Time Frame	
Grant amount request	
Institution Address	
Institution Phone	
Institution Fax	
Applicant Phone	
Applicant Signature:	



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Letter of Intent to support Research Intern Request

Requesting Organization's name: _____

Area of Medical Focus for the Organization: _____

Administrator's Name: _____

Please write a short essay outlining the work the internship will cover. What is the general hypothesis for the work? What will the person do/investigate during the internship? What is the benefit of the work?